DSHS

Infant Toddler Early Intervention Program (ITEIP)

HIPAA Rule 1 Data Gap Analysis

May 20, 2002

Prepared by:

Francine Kitchen, HIPAA Consultant

Table of Contents

1 Executive Summary

1.1 Goal

Since all payers must support all electronic HIPAA transactions if they correspond to any of the payer's business processes, whether manual or electronic, ITEIP must support the following HIPAA transactions:

    834-Enrollment
    278 Notification of Authorization
    837-Healcare Claim – Professional
    835-Remittance Advice

1.2 Method

The purpose of HIPAA Data Gap Analysis is to identify detailed programming/field-level issues which need remediation in order for ITEIP to be HIPAA compliant. The steps to accomplish this include:

1. Identify the DSHS administrations' business processes that correspond to HIPAA transactions
2. Perform data mapping (comparisons) between HIPAA transactions and legacy records
3. Identify and document the HIPAA data analysis gaps

1.3 Results

The HIPAA business processes were identified for which data mapping should be done (see above). All of these have been mapped and the results are documented here.

The major gaps are summarized as follows:
- Name and address fields needs to be longer to support HIPAA lengths
- For 834-Enrollment,
    o Four HIPAA required fields are not found in the legacy system
    o ISO standard code sets must be used for language
- For 278 Notification of Authorization,
    o Four HIPAA required fields are not found in the legacy system
    o Three fields must be cross-referenced from local codes to standard codes
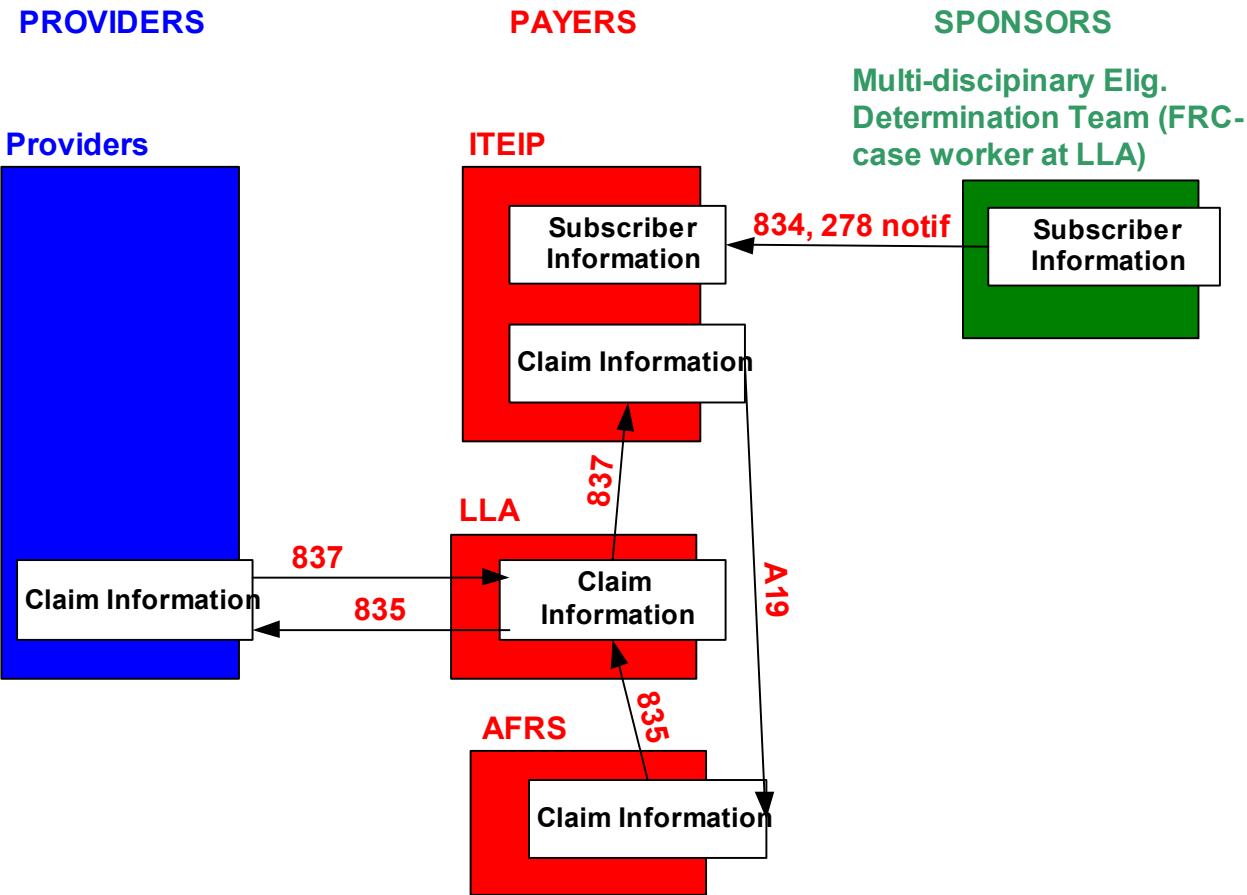
2 Identify Transactions (Step 1)

The first step is to identify which business processes must be HIPAA compliant, by comparing the HIPAA transactions (tx) descriptions with the business processes. This was partially accomplished by the Sierra business analysts and documented in their Deliverable I, and was refined during more recent discussions with Sandy Loerch, Deborah West and Chris Shelley at ITEIP, and Francine Kitchen, HIPAA Consultant.

The following table shows the HIPAA processes that must be supported.

HIPAA Transaction	ITEIP Process
834-Enrollment	Multi-Disciplinary Eligibility Determination Team sends eligibility to ITEIP
278 Notification	Multi-Disciplinary Eligibility Determination Team sends authorized services to ITEIP

The following diagram shows a broader picture of the ITEIP business processes (and related systems) which correspond to HIPAA transactions.

ITEIP

PROVIDERS　　　　　　**PAYERS**　　　　　　**SPONSORS**

Multi-discipinary Elig. Determination Team (FRC-case worker at LLA)

Providers　　　　　　**ITEIP**

| | Subscriber Information | **834, 278 notif** | Subscriber Information |

Claim Information

837

LLA

Claim Information 　**837**→ Claim Information

←**835**

A19

AFRS

835

Claim Information

3 Data Mapping (Step 2)

The second step of data gap analysis is to compare the HIPAA data elements to the legacy system data elements (fields). For example, if the administration's current information system will need to support a HIPAA claim status response, then it must contain a status code for each claim, because that is a required data element in the HIPAA transaction. The goal of data mapping is to identify:

- Where each legacy field will fit in the HIPAA transaction,
- Any HIPAA required data elements that are not stored in the legacy system,
- Any legacy system data elements that have no place to be sent in the HIPAA transaction,
- Any legacy system data elements that need to be longer to support HIPAA byte lengths,

A similar analysis must be done to identify all local codes that must be converted to standard codes. That was the responsibility of the Local Codes TAG (lead by Katie Sullivan), and is beyond the scope of this data mapping project.

In order to achieve the above data mapping goals, the following tasks were completed:
1. Identify which legacy system data records (tables) contain the relevant data elements for each transaction.
2. Load the legacy record layout (fieldnames, data types, byte lengths) into the gap analysis software/tool.
3. Match all the legacy record fields to a place to be sent in the HIPAA transaction, based upon HIPAA implementation guides and discussions with legacy system data content experts.
4. Identify any HIPAA required data elements that are not stored in the legacy system.
5. Document any known special processing logic that will be needed to convert data during implementation.
6. Generate a report out of the gap analysis tool to document all of the above.

The mapping reports that were generated should be used not only for gap analysis, but also for implementation (in conjunction with the HIPAA Implementation Guides).   The mapping reports contain HIPAA data elements that are mapped to legacy fields with processing comments. For transactions involving a request and response, only the response was mapped, because all of the request fields are also contained in the response.

Filename	Description
R-HIPAA 834 to ITEIP mapped fields only.snp	834-Enrollment
R-HIPAA 278Notif to ITEIP mapped fields only.snp	278-Notification of Authorization

They are viewable, along with other administrations' mapping reports, from the MAA Intranet at:

http://maaintra.dshs.wa.gov/DSHSHIPAA/mapping.asp

4 Identify Gaps (Step 3)

This section lists all the data issues that should be addressed in order to comply with HIPAA Rule 1 for this administration, as well as is known based on discussions with administration representatives.   Based on the data mapping described in the previous section, the following sections describe the data gaps discovered. In the following tables, "Transaction", "Loop", and "Segment" identify the position of the data elements within the HIPAA transactions.

4.1 Common Analysis for All Transactions

4.1.1 Legacy Fields Too Short for HIPAA

The following legacy fields are shorter than the length of the corresponding HIPAA data elements. HIPAA Rule 1 mandates that no data be truncated. So if data is received via a HIPAA transaction that is longer than the current field where it should be stored, AND that data would ever need to be sent back out in another HIPAA transaction, then the longer length must be accommodated.

Trans-action	Loop	Segment	HIPAA Data Element	HIPAA Length	Legacy Field Name	Legacy Length
All	All	NM103	Submitter/Provider/Subscriber/ Parent/Legal Rep Last or Organization Name	35	Payee/recipient/ provider/contact name	25 for whole name
All	All	NM104	Submitter/Provider/Subscriber/ Parent/Legal Rep First Name	25	Payee/recipient/ provider/contact name	25 for whole name
All	All	NM104	Submitter/Provider/Subscriber/ Parent/Legal Rep Middle Name	25	Payee/recipient/ provider/contact name	25 for whole name
All	All	N301, N302	Subscriber/Parent/Legal Rep Address Line	55	Contact address line	50

Since there are very few fields being used by Refugee transactions, these are the only ones that are too short.

4.1.2 Required Data That May be Defaulted or Derived

Some data elements were determined to be required under the HIPAA guidelines that do not have a corresponding data element on the current system, but are of such a nature that they may be defaulted or derived outside of the normal business process, that is, by the implemented software (clearinghouse, translator, etc.).   The mapping spreadsheet contains notes about literals and default values that should be used in these cases. No gap is involved in these cases.

4.1.3 Legacy Data No Longer Used

Many data elements are currently provided by the legacy system, but are not included in the HIPAA transaction. Thus it will no longer be possible for ITEIP to provide this information for this transaction. ITEIP must determine for each of these, whether a work-around will be needed. Only the first line of multiple service line fields is listed here, since each service line will be handled the same.

Tablename	Columnname
Client	AgencyId
Client	CHIFRenewalInterval
Client	ClientTypeId
Client	EconomicLevelId
Client	EnrolledSchoolDistrictId
Client	EthnicityDesc
Client	FamilySizeDesc
Client	IntakeTakenBy
Client	IsMilitaryChild
Client	IsReferralAuthorized
Client	IsSurrogateParentNeeded
Client	IsTimberDependentFamily
Client	IsTranslatorNeeded
Client	LivesWithDesc
Client	MothersEducationLevelId
Client	OtherEthnicity
Client	OtherLanguageSpokenDesc
Client	ReferralSourceDesc
Client	ResidentSchoolDistrictId
Client	StatusId
ClientTransition	AgencyId
ClientTransition	ClientId
ClientTransition	ClientTransitionId
ClientTransition	CurrentFRCId
ClientTransition	FRCChangeJustification
ClientTransition	NewFRCId
ClientTransition	NewServicesBeginDate
ClientTransition	ParentsConsented
ClientTransition	ReceivingProgram
ClientTransition	ServiceAreaId

ClientTransition	TransitionTypeDesc
Contact	AccessLevel
Contact	BirthDate
Contact	ClientId
Contact	Email
Contact	IsActive
Contact	IsPrimaryContact
Contact	IsReferrer
Contact	IsTeamMember
Contact	IsTranslatorNeeded
Contact	LanguageSpokenDesc
Contact	MaritalStatusDesc
Contact	OtherLanguageSpokenDesc
ContactAddress	AddressTypeDesc
ContactAddress	ContactId
ContactAddress	Nation
IFSP	ClientId
IFSP	DocumentationLocation
IFSP	IFSPCompletionDate
IFSP	IFSPCreationDate
IFSP	IFSPDueCalendarId
IFSP	IFSPId
IFSP	IFSPMeetingDate
IFSP	IFSPTypeDesc
IFSP	ParentAcceptsIFSP
IFSP	ParentParticipatedInIFSP
IFSP	PrimaryServiceSetting
ITEIP-service	agencyid
ITEIP-service	duration
ITEIP-service	frequency
ITEIP-service	intensity
ITEIP-service	method
ITEIP-service	nonnaturalenvironmentjustification
ITEIP-service	otherservicetype
ITEIP-service	outcomeid
ITEIP-service	progressnote
ITEIP-service	progressstatusdesc
ITEIP-service	servicedeclinednote
ITEIP-service	servicenarrative
ITEIP-service	servicetypedesc
ITEIP-service	settingdesc
ITEIP-service	settingother
MedicalDiagnosis	AdministeredBy
MedicalDiagnosis	ClientId
MedicalDiagnosis	Diagnosis
MedicalDiagnosis	DiagnosisNote
MedicalDiagnosis	IsActive
ProgramEligibility	ClientId
ProgramEligibility	ClientProgramDesc
ProgramEligibility	ClientProgramIdNumber
ProgramEligibility	EligibilityStatus
ProgramEligibility	EligibleProgramNote
ProgramEligibility	SupportProgramId
ServiceArea	IsActive
ServiceArea	LeadFRCId

ServiceArea	LiaisonId
ServiceArea	ServiceAreaId

4.2 834 – Enrollment

A sponsor must be able to support HIPAA electronic enrollment.

4.2.1 834: HIPAA Required Data Not Available From Legacy System

The following data elements are required under the HIPAA guidelines, but not currently available on the DASA system. These data elements must either be developed, derived or defaulted in order for the resultant transaction to be HIPAA compliant.

Loop	Segment	Data Element	Comment
Sponsor	N104	Sponsor ID	Need a Tax ID for County Health Dept.
Payer	N104	Insurer ID Code	Need a Tax ID for ITEIP
Member	INS03	Maintenance Type Code	Generate a code indicating whether Add, Change, Terminate, Roster
Coverage	HD01	Maintenance Type Code	Generate a code indicating whether Add, Change, Terminate, etc.

4.2.2 834: Code Set Usage

Beyond the format and data elements that must be used, the implementation guides for the HIPAA transaction dictate the required code sets to be utilized in certain data elements. Based upon our analysis of the current ITEIP business process, there are no currently used fields that need to convert to standard code sets. Use of HIPAA code sets are in new fields to be created and in fields to be stored and returned from the request.

Loop	Segment	Data Element	Legacy Field	HIPPA Code Set
Member	LUI02	Language Code	Client: LanguageSpokenDesc	Use one of the recommended ISO language codesets

4.2.3 834: Looping

HIPAA transaction formats contain complex looping structures to allow repetition of sets of related data. The software that parses the 834 transaction will need to accommodate optionally:

- Multiple members for each sponsor to payer transaction
- Multiple health coverage plans/programs for each member
- Multiple primary care providers for each health coverage plan

4.3 278 Notification of Authorization of Service

For a social services model, enrollment and authorization of specific services by specific providers happens at the same time—when a case worker does assessment of a client. There is no pre-defined "plan" which makes the client eligible for types of service (as in a medical model), only certain services which are authorized. Social services "enrollment" requires that the case worker notifies the payer and provider of authorized services.

For this purpose, the non-HIPAA 278 Notification transaction can be used. Alternatively, legacy processes can continue. But the HIPAA 834 must be supported, and the 278 Notification may become a mandated HIPAA transaction in the future. So it is recommended that it be used when the other HIPAA transactions are supported. The mapping and gap analysis for this transaction is based on a draft implementation guide, and is subject to change when this becomes a mandated transaction.

4.3.1 278N: Required Data Not Available From Legacy System

Loop	Segment	HIPAA Data Element	Comment
UMO	NM109	UMO ID	Need a local ID for ITEIP
UMO	PER04	UMO Contact Communication Number	Need a phone number of provider relations contact
Requestor	NM109	Requester (Information Receiver) ID	Need Employer ID or NPI for Information Receiver
Service Provider	NM109	Service Provider ID	Need a local ID for service provider

4.3.2 278N: Code Set Usage

Beyond the format and data elements that must be used, the implementation guides for the HIPAA transaction dictate the required code sets to be utilized in certain data elements. Based upon our analysis of the current ITEIP business process, there are no currently used fields that need to convert to standard code sets. Use of HIPAA code sets are in new fields to be created and in fields to be stored and returned from the request.

Loop	Segment	Data Element	Legacy Field	HIPPA Code Set
Subscr	HI01	Principal Diagnosis	MedicalDiagnosis: MedicalDiagnosisId	Generate ICD9 code based on reason code
Service	HI01	Procedure Code	Service: serivceid	Map to HCPCS codes
Service	HSD	Health Care Services Delivery	Service: intensity, frequency	Map local values to use of various fields in HSD segment

4.3.3 278N: Looping

HIPAA transaction formats contain complex looping structures to allow repetition of sets of related data. The software that parses the incoming 837 transaction will need to accommodate optionally:

- Multiple UMOs in one transaction
- Multiple Information Receivers for each UMO
- Multiple Subscribers for each Information Receiver
- Multiple Dependents for each Subscriber
- Multiple Service Providers for each Patient/Client
- Multiple Services per Service Provider